PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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		еу Dоскет No.	PF565							
UTILITY	First Ir	nventor	Craig A. Rosen							
PATENT APPLICATION										
TRANSMITTAL	Title	Albumin Fusion Pi		eins		F\2				
(Only for new nonprovisional applications under 37 CFR 1.53(b))	L				•					
(Siny is not herprendent approximate and of Sin instally)	Expres	s Mail Label No.				0				
			MS	Patent	Application	-8				
APPLICATION ELEMENTS	ADDRESS TO. Commissioner for Patents									
See MPEP chapter 600 concerning utility patent application co	P.O. Box 1450 Alexandria, VA 22313-1450									
For Transmittel Form (o.g. DTO/CD/47)	·				****	- (4				
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)								
2. Applicant claims small entity status.		 Nucleotide and/or Amino Acid Sequence Submission 								
See 37 CFR 1.27.	,	(if applicable, all necessary) a. X Computer Readable Form (CRF)								
	ו פו				•					
- Descriptive title of the invention										
Cross Reference to Related Applications Statement Regarding Fed sponsored R & D		i	CD-ROM	or CD-F	R (2 copies); or ii. X	Paper				
 Reference to sequence listing, a table, or a computer program listing appendix 		c. X State	ments veri	fying ider	ntity of above copies					
Background of the Invention Brief Summary of the Invention	ACCOMPANYING APPLICATION PARTS									
 Brief Description of the Drawings (if filed) 	Assignment Papers (cover sheet & document(s))									
- Detailed Description - Claim(s) - Abstract of the Disclosure			3.73(b) St here is an							
	18 1	[`		-	e) L					
	Total Sheets 1 1 12 Information Disclosure Copies of IDS									
a. X Unexecuted (1 page) Statement (IDS)/PTO-1449 L Citations Preliminary Amendment										
Copy from a prior application (37 CFR 1.63(d))	14 Return Receipt Postcard (MPEP 503)									
(for continuation/divisional with Box 18 completed)		(Should be specifically itemized)								
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)									
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.									
17. X Other: Statement Under 37 C.F.R. 1.821(f)										
6. X Application Data Sheet. See 37 CFR 1.76 (2 pages)										
18. If a CONTINUING APPLICATION, check appropriate box,			mation belo	ow and ir	the first sentence of the					
specification following the title, or in an Application Data Sheet			4: Bl		11000/04704					
X Continuation Divisional Continuation-in-part (CIP) of prior application No.: US02/31794										
Prior application information: Examiner Not Ye			Art Unit:		N/A					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.										
19. CORRESPONDENCE ADDRESS										
X Customer Number: 22195		OR		Correspo	ondence address below					
				-		•				
Name		······································	_							
Address										
City Sta	ate			Zip Code	9					
Country Tel	lephone			F	ax					
Name (Print/Type) Kenley K. Hoover		Registration I	Vo. (Attorn	ey/Agent	40,302					
Signature				Date	April 2, 2004					

PTO/SB/17 (10-03)
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FEE TRANSMITTAL			Complete if Known								
FEE INANSWIITAL											
for FY 2004		Filing	Date		Concurrently Herewith						
		First N	Vamed	Inven	ntor Craig A. Rosen						
Effective 10/01/2003, Patent fees are subject to annual revision.		Exam	ner Na	ime	Not Yet Assigned						
Applicant claims small entity status. See 37 CFR 1.27		Art Un	it		N/A						
TOTAL AMOUNT OF PAYMENT (\$) 1,018.00	Attorney Docket No. PF565										
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)										
Chack Credit Money Other None	3. ADDITIONAL FEES										
Card Order Other	J. ADDITIONAL I LES										
X Deposit Account:	Lara	e Entity	Small	Entity							
Deposit Account 08-3425	Fee	Fee	Fee	Fee	- For Deposite tion						
Number	Code	(\$)	Code	(\$)	Fee Description Fee Paid						
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge – late filing fee or oath						
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.						
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130							
					Non-English specification						
X Charge any additional fee(s) or any underpayment of fee(s)	1812	·	1812		For filing a request for <i>ex parte</i> reexamination Requesting publication of SIR prior to						
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Examiner action						
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action						
FEE CALCULATION	1251		2251	55	Extension for reply within first month						
1. BASIC FILING FEE	1252		2252	210	Extension for reply within second month						
Large Entity Small Entity Fee Fee	1253		2253	475	Extension for reply within third month						
Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month						
1001 770 2001 385 Utility filing fee 770.00	1255		2255		Extension for reply within fifth month						
1002 340 2002 170 Design filing fee	1401		2401	165	Notice of Appeal						
1003 530 2003 265 Plant filing fee	1402		2402	165	Filing a brief in support of an appeal						
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1403 1451		2403 1451	145	Request for oral hearing						
	1452	•	2452	1,510 55	Petition to institute a public use proceeding Petition to revive – unavoidable						
SUBTOTAL (1) (\$) 770.00	1453		2453	665	Petition to revive - unintentional						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)						
Extra Fee from	1502		2502	240	Design issue fee						
Total Claims 29 -20** = 9 x 18.00 = 162.00	1503	640	2503	320	Plant issue fee						
Independent 4 -3** = 1 x 86.00 = 86.00	1460	130	1460	130	Petitions to the Commissioner						
Claims 4 5 - 1 1 2 30.00 - 50.00 - 50.00 - 50.00 - 50.00	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)						
` '	1806	180	1806	180	Submission of Information Disclosure Stmt						
Large Entity Small Entity Fee Fee					Recording each patent assignment per						
Code (\$) Code (\$)	8021	40	8021	40	property (times number of properties)						
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))						
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37CFR 1.129(b))						
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	Request for Continued Examination (RCE)						
over original patent	1802	900	1802	900	Request for expedited examination						
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other	r fee (spe	ı cify)		of a design application						
SUBTOTAL (2) (\$) 248.00		Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00									
**or number previously paid, if greater; For Reissues, see above											
SUBMITTED BY (Complete (if applicable))											
Name (Print/Type) Kenley K. Høover		tration No		,302	Telephone (301) 610-5771						
Signature / / / / / / /	LAMON	iayiriyeni,									
Signature Date April 2, 2004											
<i>' U</i>											